Rezoning Application

Applications submitted without all required attachments will be REJECTED.

The applicant, or a representative, capable of answering questions about the project must attend the public hearings for the request to be considered.

Failure to appear at a meeting constitutes abandonment and dismissal of the case, unless the applicant shows just cause by reason of illness or health or other emergency within a reasonable time, in writing, and accompanied by new costs for re-advertisement and hearing.
Application to Amend the Official Zoning Map of Pickens County, Georgia

Application is hereby made to the Pickens County Planning Commission for the purpose of proposing to amend the Official Zoning Map of Pickens County, Georgia.

(Please Print or Type)

Applicant: ____________________________________________

(The applicant and/or representative must be present at all public hearings)

Address: ____________________________________________

Property Owner: ______________________________________

Address (If different from above): __________________________

Phone Number: _______________ E-Mail: ____________________

Agent or Legal Representative (If applicable): __________________________

Address: ____________________________________________

Phone Number: _______________ E-Mail: ____________________

Location of Property: __________________________________

Land Lot(s): _________ District(s): _________ Section(s): _________ Acreage: _________

County Tax Map & Parcel Number: __________________________

In addition, a copy of a current boundary survey indicating all existing site improvements and floodplain (if any), prepared and sealed by a valid registered architect, engineer, landscape architect or land surveyor, and a legal description of the tract must be submitted with this application. Zoning related to a major subdivision, multi family, or non-residential use or zoning district shall be accompanied by a concept plan prepared by an architect, engineer, landscape architect or land surveyor.
If proposing an **Official Zoning Map** amendment (*rezoning of property*), please provide the following information:

<table>
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<tr>
<th>Present zoning district:</th>
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<td>Proposed zoning district:</td>
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<td>Future Development Map Classification:</td>
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<td>Reason for the Zoning Map amendment:</td>
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Signed and sealed in the presence of:

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<th>Notary Signature</th>
<th>My Commission Expires</th>
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Please list all individuals, firms and/or corporations owning or leasing property adjacent to the subject property on all sides and across any natural or manmade boundaries (this includes roads, rivers, railroads, etc.) and place the owner’s name on the appropriate parcel on the attached survey.

**PLEASE BE ADVISED THAT RELIANCE ON TAX ASSESSOR’S RECORDS MAY NOT PROVIDE THE APPLICANT WITH THE MOST RECENT OWNERS.**

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Pursuant to O.C.G.A. 36-67 A-3, any and all applications to a rezoning action must make the following disclosures:

Please indicate below if you have made a campaign contribution to any member of the Board of Commissioners of Pickens County, or any member of the Planning Commission within two (2) years immediately preceding the filing of this application aggregating $250.00 or more, or made a gift to any of the above having the aggregate value of $250.00.

**Circle One**

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<tr>
<th>Board of Commissioners</th>
<th>Yes</th>
<th>No</th>
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<td>Planning Commission Members</td>
<td>Yes</td>
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If yes to any of the above, please indicate again below to whom the donation was made, the dollar amount donated, date of donation, and if a gift, the value, and description of said gift:

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________________________
Applicant’s Signature

________________________
Date

Signed and sealed in the presence of:

________________________
Notary Signature

________________________
My Commission Expires

Place Notary stamp here
PICKENS COUNTY

NOTICE OF RESIDENTIAL –

AGRICULTURAL DISTRICT (R-A)

ADJACENCY

Agricultural districts include uses of land primarily for active farming activities and result in odors, noise, dust, and other effects, which may not be compatible with adjacent development. Future abutting developers in non R-A land use districts shall be provided with this “Notice of R-A Adjacency” prior to administrative action on either the land use district to the issuance of a building or occupancy permit.

Prior to administrative action the applicant shall be required to sign this waiver which indicates that the applicant understands that a use is ongoing adjacent to this use which will produce odors, noise, dust, and other effects which may not be compatible with the applicant’s development. Nevertheless, understanding the effects of the adjacent R-A use, the applicant agrees by executing this form to waive objection to those effects and understands that his/her district change and/or his/her permits are issued and processed in reliance on his/her agreement not to bring any action asserting that the adjacent uses in the R-A district constitute a nuisance against local governments and adjoining landowners whose property is located in an R-A district.

This notice and acknowledgement shall be public record.

________________________________
Applicant’s Name (Please print)

________________________________
Applicant’s Signature

________________________________
Date

Signed and sealed in the presence of:

________________________________
Notary Signature

Place stamp/seal here

________________________________
My Commission Expires
SIGNAGE AFFIDAVIT

In order to ensure that the correct information is included on the public notice sign, Pickens County will prepare the sign for the applicant and will post the sign on the property.

It is the applicant’s responsibility to ensure that the public notice is properly maintained for the duration of the application process.

I am aware that the sign will be posted on the property.

I authorize Pickens County to post the zoning sign on my property.

__________________________________________
Applicant’s Name (Please print)

__________________________________________       __________________________
Applicant’s Signature                            Date

Witness – Planning and Development Office Personnel
Application Number: _____________________

*** FOR STAFF USE ONLY ***

Variance Change #: _____________________

Applicant Name: _____________________________________________

Application Fee: _______________ Date Paid: _________________

Check/Card/Cash: _______________ Receipt #: _________________

If Applicable:

___ Interdepartmental forms submitted for review Date: ______________

___ Georgia Mountains notified (DRI) Date: ______________

___ Department of Transportation notified Date: ______________

___ Adjacent property owner notices mailed Date: ______________

___ Public Notice signs on property verified Date: ______________

___ Legal advertisement emailed to newspaper Date: ______________

___ Board of Appeals packets distributed Date: ______________

___ Applicant notified of final action Date: ______________

___ Approval or denial form placed in folder Date: ______________

___ Board of Appeals meeting minutes in folder Date: ______________

................................................................................................................

___ If appealed; applicant notified of date of appeal hearing Date: ______________

___ If appealed; legal advertising date of appeal hearing Date: ______________

___ If appealed; approval or denial form placed in folder Date: ______________

___ Applicant notified of final action of appeal Date: ______________

___ Board of Appeals meeting minutes in folder Date: ______________

Board of Appeals

Recommendation Date: ______________

_____ Approval  _____ Approval with stipulations  _____ Denial

If denied by Board of Appeals was the decision appealed by applicant?  _____ Yes  _____ No